

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below)	Date Stamp <b>RECEIVED</b>  JUL 31 2025  CITY OF ARCATA CITY MANAGER'S OFFICE	<b>CALIFORNIA FORM 470</b>
		For Official Use Only	

1. Statement Covers Calendar Year 20 25.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Alexandra Stillman

STREET ADDRESS

[REDACTED]

CITY

ARCATA

STATE

CA

ZIP CODE

95521

AREA CODE

PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council member

JURISDICTION (LOCATION)

ARCATA

DISTRICT NUMBER  
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

July 31, 2025

DATE

By

Alexandra Stillman

SIGNATURE OF OFFICEHOLDER OR CANDIDATE